



Washington State Department of Health

## FORMS AND PUBLICATIONS REQUEST

**NOTE: This is your Shipping Label – Use complete street address (UPS will not deliver to a P.O. Box).**

Name/Requestor		Telephone	Date
Name of Organization		Internet E-mail Address	
Shipping Address			
City		State	Zip
Does Your Organization have a WIC Program? <input type="checkbox"/> Yes <input type="checkbox"/> No			

No.	Forms or Publication Number	Title	Quantity Requested	Quantity Shipped	Back Order
1	U.S. EPA	"A Brief Guide to Mold Moisture and Your Home" <b>English</b> EPA 402-K-02-003, 2002			
2	U.S. EPA	"A Brief Guide to Mold Moisture and Your Home" <b>Spanish</b> EPA 402-K-03-008			
3					
4					
5					
6					
7					
8					
9					
10					
11					

**INSTRUCTIONS:** Please put the publications and forms you are requesting in numerical order by the DOH number. Include both the form and pub number **and** the title. Order all items in **each** amounts. Your order will be filled to the nearest packaged amount.

Requestor's name and telephone number **must** be filled in (in case we have questions about your order.)

**For orders that DO NOT involve a payment:** Send this fully completed form to Department of Health, PO Box 47845, Olympia, WA 98504-7845. **Faxed orders are accepted at (360) 664-2929.** Telephone orders are not accepted. **Do not re-order items that are back ordered.** They will be sent to you as soon as new stock is available.

**For orders that include payment:** Send this fully completed form and check to DOH Revenue Section, PO Box 1099, Olympia, WA 98507-1099.

If you have any questions, please contact the DOH Warehouse at (360) 586-9046.  
DOH 740-018(Rev 4/2001)



Department of Health

## FORMS AND PUBLICATIONS REQUEST

**NOTE:** This is your Shipping Label – Use complete street address (UPS will not deliver to a P.O. Box).

Name/Requestor <b>Susie Smyth</b>			Telephone <b>360-555-1212</b>	Date <b>09/30/2002</b>	
Name of Organization <b>County Health Department</b>			Internet E-mail Address <b>Susie.Smyth@chd.org</b>		
Shipping Address <b>1123 Main ST</b>					
City <b>Anytown</b>			State <b>WA</b>	Zip <b>98000-1234</b>	
Does Your Organization have a WIC Program? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
No.	Forms or Publication Number	Title	Quantity Requested	Quantity Shipped	Back Order
1	Pub 333-019	Rats: Let's Get Rid of Them	50		
2	Pub 410-008	Protect Yourself From HIV	200		
3	Pub 961-160 Spanish	Lift the Lip	1		
4	CDC	Lyme Disease	50		
5					
6					
7					
8					
9					
10					
11					

**INSTRUCTIONS:** Please put the publications and forms you are requesting in numerical order by the DOH number. Include both the form and pub number **and** the title. Order all items in **each** amounts. Your order will be filled to the nearest packaged amount.

Requestor's name and telephone number **must** be filled in (in case we have questions about your order.)

**For orders that DO NOT involve a payment:** Send this fully completed form to Department of Health, PO Box 47845, Olympia, WA 98504-7845. **Faxed orders are accepted at (360) 664-2929.** Telephone orders are not accepted. **Do not re-order items that are back ordered.** They will be sent to you as soon as new stock is available.

**For orders that include payment:** Send this fully completed form and check to DOH Revenue Section, PO Box 1099, Olympia, WA 98507-1099.

If you have any questions, please contact the DOH Warehouse at (360) 586-9046.

DOH 740-018(Rev 9/99)